

Institutional Edit Requirements

Chapter 5

Element Name: Patient Coinsurance (1-140) (Continued)

<u>OR</u>	F	ADJUSTMENT NEW SUFFIX
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT > ZERO
WITH FILING DATE WITHIN THE AND NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE		
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	N	RETROSPECTIVE PAYMENT-INPATIENT MENTAL HEALTH
	T	MHPD RECALCULATION OF RATES. NO COST-SHARE APPLIED

NOTE:

IF THE HCSR BEGIN/END DATES OF CARE CROSSOVER A CHANGE IN THE ACTIVE DUTY DAILY RATE, THE DRG DAILY RATE, OR THE PSYCH PER DIEM COST-SHARES DAILY RATE (WHICHEVER APPLIES TO THAT HCSR), THE RATES MUST BE APPLIED APPROPRIATELY TO EACH PERIOD OF TIME, FOR COST-SHARE CALCULATIONS.

- EDITS FOR TRICARE, ARMY CAM DEMONSTRATIONS, RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS. (OR FORMER SPOUSE).

1-140-20R PATIENT COINSURANCE MUST BE 50% (ALLOW \$.01 ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-140-20R PATIENT COPAYMENT MUST BE ZERO WHEN:

ENROLLMENT STATUS =	U	MANAGED CARE SUPPORT PRIME
SPECIAL PROCESSING CODE	PO	TRICARE PRIME - POINT OF SERVICE
=		

1-140-21R PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND

1-145-21R PATIENT COPAYMENT MUST BE ZERO WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Chapter 5

Institutional Edit Requirements

Element Name: Patient Coinsurance (1-140) (Continued)

PATIENT RELATIONSHIP TO SPONSOR	T H R Y	FORMER SPOUSE
ENROLLMENT STATUS	S Q F Y	CRI STANDARD CHAMPUS NEW ORLEANS STANDARD CHAMPUS TRICARE STANDARD PROGRAM CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	F G	ARMY CAM DEMONSTRATIONS
SPECIAL RATE CODE	"B" D	NO SPECIAL RATE DISCOUNT RATE AGREEMENT
TYPE OF SUBMISSION	I R O F	INITIAL SUBMISSION RESUBMISSION OF ERROR REJECT ZERO PAYMENT ADJUSTMENT NEW SUFFIX
TYPE OF SUBMISSION	A C	ADJUSTMENT CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON DATABASE;		
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE	K L	CATASTROPHIC LOSS NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), CHAMPUS-DRG RECORDS, (PATIENT NOT NEWBORN), FOR ARMY CAM DEMONSTRATIONS		

1-140-23R PATIENT COINSURANCE MUST EQUAL ZERO² UNLESS

1-140-24R 20% OF [AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] IS LESS THAN [AUTHORIZED BED DAYS TIMES THE DRG DAILY RATE] WHEN:

PROGRAM INDICATOR =	I	INSTITUTIONAL
PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN);		
ENROLLMENT STATUS	S Q F	CRI STANDARD CHAMPUS NEW ORLEANS STANDARD CHAMPUS TRICARE STANDARD PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X)

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Chapter 5

Element Name: Patient Coinsurance (1-140) (Continued)

	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
ANY SPECIAL OCCURRENCE OF SPECIAL PROCESSING CODE	F	ARMY CAM DEMONSTRATIONS
	G	
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATA BASE:		
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

OR

PATIENT RELATIONSHIP TO SPONSOR	T	FORMER SPOUSE
	H	
	R	
	Y	
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 961, 971, 981 AND 811).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-16R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Element Name: Patient Coinsurance (1-140) (Continued)

NO OCCURRENCE OF OVERRIDE CODE	K CATASTROPHIC LOSS L NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION U BENEFICIARY INDEMNIFICATION PAYMENT
• EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS-DRG, PATIENT IS NEWBORN, FOR ARMY CAM DEMONSTRATIONS.	
1-140-25R	PATIENT COINSURANCE MUST EQUAL ZERO ⁶ UNLESS
1-140-26R	20% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR DRG NON- REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE IS LESS THAN [(AUTHORIZED BED DAYS MINUS 3) TIMES THE DRG DAILY RATE] WHEN:
PROGRAM INDICATOR	I INSTITUTIONAL
PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);	
ENROLLMENT STATUS	S CRI STANDARD CHAMPUS Q NEW ORLEANS STANDARD CHAMPUS F TRICARE STANDARD PROGRAM Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPECIAL RATE CODE	G DRG LONG STAY H DRG SHORT STAY I DRG COST OUTLIER J DRG NO OUTLIER M DISCOUNTED DRG LONG STAY OUTLIER N DISCOUNTED DRG SHORT STAY O DISCOUNTED DRG COST OUTLIER Q DISCOUNTED DRG NO OUTLIER
TYPE OF SUBMISSION	I INITIAL SUBMISSION R RESUBMISSION OF ERROR REJECT O ZERO PAYMENT F ADJUSTMENT NEW SUFFIX G ADDITIONAL DRG INTERIM BILLING
OR	
TYPE OF SUBMISSION	A ADJUSTMENT C CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;	
ANY OCCURRENCE OF	F ARMY CAM DEMONSTRATIONS
SPECIAL PROCESSING CODE	G
SPONSOR STATUS	F FORMER MEMBER

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN
ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ See 1-140-18R and 1-145-16R.

⁴ See 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

Institutional Edit Requirements

Chapter 5

III. INSTITUTIONAL EDIT REQUIREMENTS (ELN 145-164)

Element Name: Patient Copayment (1-145)

Validity Edits

1-145-01 MUST BE NUMERIC.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
SPONSOR STATUS	SEE BELOW	ENROLLMENT STATUS. PROGRAM INDICATOR. TYPE OF SUBMISSION. PATIENT RELATIONSHIP. FILING DATE. BEGIN DATE OF CARE. PATIENT DOB. SPECIAL RATE CODE. BILL CLASSIFICATION CODE. OVERRIDE CODE
SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS. PROGRAM INDICATOR. TYPE OF SUBMISSION. SPONSOR STATUS. PATIENT RELATIONSHIP. FILING DATE. BEGIN DATE OF CARE. PATIENT DOB. PATIENT COINSURANCE. OVERRIDE CODE
TYPE OF SUBMISSION	SEE BELOW	FILING DATE. AMOUNT ALLOWED

- ¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 91X).
- ² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.
- ³ SEE 1-140-16R AND 1-145-16R.
- ⁴ SEE 1-145-15R.
- ⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.
- ⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.
- ⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.
- ⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.
- ⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

SPECIAL RATE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED
PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS, TYPE OF SUBMISSION, FILING DATE, AMOUNT ALLOWED, OVERRIDE CODE
OVERRIDE CODE	SEE BELOW	
OVERRIDE CODE	SEE BELOW	ENROLLMENT STATUS, PROGRAM INDICATOR, PATIENT RELATIONSHIP, SPONSOR STATUS, TYPE OF SUBMISSION, FILING DATE, PATIENT DOB, BEGIN DATE OF CARE, PATIENT COINSURANCE

Edited Element Relationship

NO ERROR	IF SPECIAL PROCESSING CODE =	MS	MEDICARE SUBVENTION/TRICARE SENIOR PRIME (NETWORK)
		MN	MEDICARE SUBVENTION/TRICARE SENIOR PRIME (NON-NETWORK)
			BYPASS ALL COPAYMENT EDITING.
1-145-02R	PATIENT COPAYMENT MUST BE ZERO <u>WHEN</u> :		
	TYPE OF SUBMISSION	D	COMPLETE CONTRACTOR DENIAL
1-145-03R	PATIENT COPAYMENT MUST BE ZERO <u>WHEN</u> :		
	TYPE OF SUBMISSION	C	COMPLETE CANCELLATION (C) WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE
	<u>UNLESS</u> THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH CASE PATIENT COPAYMENT MUST BE ≥ ZERO		
1-145-05R	PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED <u>WHEN</u> :		
	PROGRAM INDICATOR	I	INSTITUTIONAL
	ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
OR		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE;		
SPECIAL RATE CODE	D	DISCOUNT RATE AGREEMENT
	P	PER DIEM RATE AGREEMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
1-145-06R		PATIENT COPAYMENT MUST BE ≤ AMOUNT ALLOWED (AND COINSURANCE MUST BE ZERO)
WHEN:		
PROGRAM INDICATOR	H	PROGRAM FOR PERSONS WITH DISABILITIES
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
<u>OR</u>		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR _s STORED ON THE DATABASE:		
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
		• EDIT FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS. (<u>OR</u> FORMER SPOUSE), CHAMPUS-DRG RECORDS. (PATIENT NOT NEWBORN), ARMY CAM DEMONSTRATIONS
1-140-09R		PATIENT COPAYMENT MUST EQUAL ZERO ⁹
		<u>UNLESS</u>
1-145-07R		GOVERNMENT AUTHORIZED BED DAYS TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES ¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] <u>WHEN</u> :
PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE
DATABASE;

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)

SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

PATIENT RELATIONSHIP TO SPONSOR = FORMER SPOUSE (T, H, R **OR** Y);

NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN
ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 961, 971, 981 AND 911).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Chapter 5

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

NO OCCURRENCE OF SPECIAL PROCESSING CODE	F	
	G	ARMY CAM DEMONSTRATIONS
	N	CHAMPUS SELECT
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

- EDITS FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, CHAMPUS-DRG, PATIENT IS NEWBORN.

1-140-09R PATIENT COPAYMENT MUST EQUAL ZERO⁹ UNLESS

1-145-08R GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE DRG/APPLICABLE DAILY RATE IS LESS THAN [25% OF AMOUNT BILLED MINUS (TOTAL CHARGES BY REVENUE CODE FOR DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE)] WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 91X)

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-18R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Chapter 5

Element Name: Patient Copayment (1-145) (Continued)

SPECIAL RATE CODE	G	DRG LONG STAY
	H	DRG SHORT STAY
	I	DRG COST OUTLIER
	J	DRG NO OUTLIER
	M	DISCOUNTED DRG LONG STAY
	N	DISCOUNTED DRG SHORT STAY
	O	DISCOUNTED DRG COST OUTLIER
	Q	DISCOUNTED DRG NO OUTLIER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	L	NON-DRG REIMBURSEMENT USING DRG- RELATED COST-SHARE CALCULATION
	U	BENEFICIARY INDEMNIFICATION PAYMENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	F	
	G	ARMY CAM DEMONSTRATIONS
	N	CHAMPUS SELECT
	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	*	VA MEDICAL CENTER CLAIM
	#	HOSPICE

IN WHICH CASE PATIENT COPAYMENT MUST EQUAL AUTHORIZED BED DAYS MINUS 3. TIMES THE DRG DAILY RATE. IF (AUTHORIZED BED DAYS MINUS 3) ≤ 0. PATIENT COPAYMENT = \$0.00.

1-140-09R WHEN THE PRECEEDING CALCULATIONS RESULT IN EQUAL VALUES. PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO. (USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES. BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.)

PATIENT COPAYMENT MUST BE ZERO IF PATIENT COINSURANCE IS NOT ZERO.

USE 1-145-07R OR 1-145-08R IF CALCULATION RESULTS IN EQUAL VALUES. BUT VALUE SUBMITTED DOES NOT MATCH CALCULATION.

NOTE:

PATIENT COPAYMENT = ZERO ON INSTITUTIONAL HCSRs, FOR RETIRED SPONSORS AND THEIR FAMILY MEMBERS, AND FAMILY MEMBERS OF DECEASED SPONSORS, (OR FORMER SPOUSE), STATE-DRG AND NON-DRG RECORDS. SEE PATIENT COINSURANCE EDIT 1-140-12R.

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

- EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE, NOT SUCCESSIVE ADMISSION, INCLUDES CHAMPUS-DRG RECORDS. (CHAMPUS DRG PATIENT IS NOT NEWBORN).

1-145-10R PATIENT COPAYMENT MUST EQUAL \$0.00 IF GOVERNMENT AUTHORIZED BED DAYS = 0. OTHERWISE, COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD. OR \$25.00. NO OCCURRENCE OF SPECIAL PROCESSING CODE = CHAMPUS SELECT (N), VA MEDICAL CENTER CLAIM (*), OR HOSPICE (#). OR MENTAL HEALTH (MH) ACTIVE DUTY COST SHARE.

1-145-13R PATIENT COINSURANCE MUST BE ZERO WHEN:

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSR_s STORED ON THE DATABASE;

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

Q PRISON/APPELLATE

V RESERVE

T FOREIGN MILITARY

SPECIAL RATE CODE ≠ D DISCOUNT RATE AGREEMENT

PATIENT DATE OF BIRTH ≠ BEGIN DATE OF CARE (NOT NEWBORN)

WHEN SPECIAL RATE CODE = G. H. I. J. M. N. O. P. BLANK. **OR** Q (CHAMPUS DRG)

PATIENT RELATIONSHIP TO SPONSOR

NOT = FORMER SPOUSE (T. H. R **OR** Y)

BILL CLASSIFICATION CODE 1 INPATIENT

NO OCCURRENCE OF SPECIAL R MEDICARE/CHAMPUS DUAL ENTITLEMENT

PROCESSING CODE MH MENTAL HEALTH ACTIVE DUTY COST SHARE

HOSPICE

NO OCCURRENCE OF J SUCCESSIVE ADMISSION

OVERRIDE CODE K CATASTROPHIC LOSS

U BENEFICIARY INDEMNIFICATION PAYMENT

V ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN OCHAMPUSEUR

- EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS **OR** TAMP DESIGNEE. CHAMPUS-DRG. PATIENT IS NEWBORN.

1-145-11R PATIENT COPAYMENT MUST EQUAL \$0.00 IF (GOVERNMENT AUTHORIZED BED DAYS MINUS 3) ≤ 0.

OTHERWISE, PATIENT COPAYMENT MUST EQUAL THE LARGER OF GOVERNMENT AUTHORIZED BED DAYS MINUS 3, TIMES THE ACTIVE DUTY DAILY RATE FOR THE PERIOD. **OR** \$25.00

NO OCCURRENCE OF SPECIAL N CHAMPUS SELECT
PROCESSING CODE

1-145-13R AND PATIENT COINSURANCE MUST BE ZERO **WHEN**:

PROGRAM INDICATOR I INSTITUTIONAL

ENROLLMENT STATUS S CRI STANDARD CHAMPUS

J MANAGED CARE SUPPORT - HOMESTEAD
STANDARD CHAMPUS PROGRAMM MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD CHAMPUS PROGRAMT MANAGED CARE SUPPORT - STANDARD CHAMPUS
PROGRAM

Q NEW ORLEANS STANDARD CHAMPUS

F TRICARE STANDARD PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914 - 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE
DATABASE;

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY (T);

PATIENT DATE OF BIRTH = BEGIN DATE OF CARE (NEWBORN);

SPECIAL RATE CODE = G. H. I. J. M. N. O. OR Q (CHAMPUS DRG);

BILL CLASSIFICATION CODE	1	INPATIENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	N	CHAMPUS SELECT
	#	HOSPICE
	MH	MENTAL HEALTH ACTIVE DUTY COST SHARE
NO OCCURRENCE OF OVERRIDE CODE	J	SUCCESSIVE ADMISSION
	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN OCHAMPUSEUR

- EDITS FOR FAMILY MEMBERS OF ACTIVE DUTY SPONSORS OR TAMP DESIGNEE.
SUCCESSIVE ADMISSIONS.

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN
ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 961, 971, 981 AND 811).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

1-145-12R PATIENT COPAYMENT MUST BE \leq GOVERNMENT AUTHORIZED BED DAYS TIMES THE ACTIVE DUTY DAILY RATE AND

PATIENT COINSURANCE MUST BE ZERO **WHEN:**

PROGRAM INDICATOR	I	INSTITUTIONAL
ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	F	TRICARE STANDARD PROGRAM
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISONER/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP #	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING
OR		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914, 918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.

Institutional Edit Requirements

Element Name: Patient Copayment (1-145) (Continued)

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE;

BILL CLASSIFICATION CODE	1	INPATIENT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	#	HOSPICE
	MH	MENTAL HEALTH ACTIVE DUTY COST SHARE
ONE OCCURRENCE OF OVERRIDE CODE	J	SUCCESSIVE ADMISSION
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY FAMILY MEMBER SERVICES PROVIDED IN OCHAMPUSEUR

1-140-14R PATIENT COST-SHARE³ MUST BE THE LESSER OF:

- a.) 25% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED. OR (THE LESSER OF):
- b.) 25% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) OR
- c.) 15% OF AMOUNT ALLOWED WHEN
- ANY OCCURRENCE OF SPECIAL PROCESSING CODE N CHAMPUS SELECT
- OR
- d.) 15% OF AMOUNT BILLED MINUS TOTAL CHARGES BY REVENUE CODE FOR (DRG NON-REIMBURSABLE REVENUE CODES¹ AND DUPLICATE BILLING (1) DENIAL REASON CODE) WHEN
- ANY OCCURRENCE OF SPECIAL PROCESSING CODE N CHAMPUS SELECT

1-145-14R OR

- e.) AUTHORIZED BED DAYS⁴ TIMES THE DRG/APPLICABLE DAILY RATE WHEN:
- ANY OCCURRENCE OF OVERRIDE CODE = NON-DRG REIMBURSEMENT USING DRG-RELATED COST-SHARE CALCULATION (L);
- PROGRAM INDICATOR I INSTITUTIONAL
- ENROLLMENT STATUS S CRI STANDARD CHAMPUS
- J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
- M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
- Q NEW ORLEANS STANDARD CHAMPUS
- F TRICARE STANDARD PROGRAM

¹ REVENUE CODES FOR HOSPITAL BASED PROFESSIONALS, HOSPITAL OUTPATIENT CHARGES AND ORGAN ACQUISITION COSTS (REVENUE CODES 901, 914-918, 96X, 97X, 98X AND 81X).

² IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-07R AND 1-145-08R.

³ SEE 1-140-16R AND 1-145-16R.

⁴ SEE 1-145-15R.

⁵ IF PATIENT COINSURANCE = ZERO, SEE PATIENT COPAYMENT EDITS 1-145-17R AND 1-145-18R.

⁶ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-23R AND 1-145-24R.

⁷ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-25R AND 1-145-26R.

⁸ IF PATIENT COINSURANCE = ZERO SEE PATIENT COPAYMENT EDITS 1-145-28R.

⁹ IF PATIENT CO-PAYMENT EQUALS ZERO, SEE PATIENT COINSURANCE EDITS 1-140-07R AND 1-140-08R.